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ABSTRACT

After 30 years of war, Angola faces the challenge of creating a civil society. This report presents key findings of a visit to Angola, December 1-13, 1996, by the Women's Commission for Refugee Women and Children. The report describes conditions facing women and children affected by war in Angola, addresses the return process of refugees from Zaire and Zambia, and identifies how well women's and children's needs are being addressed by relief efforts. Section 1 of the report presents the executive summary. Section 2 provides a historical overview of the situation in Angola. Section 3 discusses refugee repatriation and the protection and reintegration of returnees, while section 4 addresses problems of internally displaced persons. Section 5 assesses emergency needs in Angola regarding protection and human rights, health care, human resources, and education. Section 6 focuses on the needs of child soldiers, street children, and abused and exploited children. Section 7 addresses problems in improving women's self-sufficiency. Section 8 deals with landmines, programs to assist amputees, and landmine awareness education. Key findings noted in the report indicate that most assistance has been directed toward demobilized soldiers and their families and not to women and children. There is no clear policy on women's roles in decision making and program implementation. The report recommends that: (1) women be integrated into programming and encouraged to participate in all aspects of society; (2) children's needs be made a priority; (3) the government devote natural resources to health, education, and human development rather than to the military; (4) United Nations agencies and non-governmental organizations make vocational training, income generation, and public health priorities; and (5) a timetable be established for destroying stockpiled landmines and other ordnances. (KB)

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Recovering From 30 Years of War: Refugee Women and Children in Angola

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Women's Commission for Refugee Women and Children
Delegation to Angola
December 1-13, 1996

PS 026561

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I. EXECUTIVE SUMMARY

After 30 years of warfare, Angola faces the daunting task of creating a civil society. Today, over half of Angola's population of some 13 million is under the age of 15 years and 20 percent are under the age of five. Only one in three Angolan children reaches her or his fifth birthday. Angola has one of the highest maternal mortality rates in the world. Literacy is rare. Thousands of street children, displaced from their families, roam the nation's capital, Luanda, where they beg, steal and prostitute themselves for food. Child soldiers, wrenched from their homes, are slowly being demobilized. An estimated 10 million landmines are planted in Angolan soil; women and children comprise approximately 80 percent of Angolan post-war landmine victims. Without functioning medical, educational and judicial systems, women and children have been particularly victimized by the ongoing conflict.

The Women's Commission Delegation to Angola

The Women's Commission for Refugee Women and Children delegation arrived in Angola at a critical juncture, as the United Nations peacekeeping operation (UNAVEM III) was about to wind down, and the long-anticipated Government of Reconciliation was soon to assume control of Angola. Repatriation of some 311,000 refugees currently in Zaire, Congo and Zambia was projected in the coming months. Additionally, an estimated 1.2 million people internally displaced by war were attempting to reintegrate into Angolan society.

The objectives of the delegation were:

1. To investigate conditions facing women and children displaced and affected by war and those in particularly difficult circumstances.
2. To gain an understanding of the return process of refugees from Zaire and Zambia and the issues surrounding this process, including the participation and protection of women and children.
3. To determine to what extent the specific needs of women and children were being addressed by the humanitarian relief effort with a specific focus on protection, education, health, landmine accident prevention and rehabilitation of landmine accident victims.
4. To raise awareness among policy makers and donors of the status and needs of women and children in Angola, with the aim of improving programmatic responses to their needs.

The delegation of five women spent two days in Luanda meeting with UN and NGO representatives. The delegation then split into two groups; one group travelled to Kuito, in Bie province, and to Uige, Negage and Maquela do Zombo, in Uige province. The other group travelled to M'banza Congo in Zaire province, Cazombo in Moxico province and to Benguela province. Members of the delegation also visited the Boa Esperanca refugee/internally displaced camp outside of Luanda, and went to various community development and aid projects based in the capital city, including the Esperanca market and street children program.

Key Findings

Angola is at a turning point. A country brimming with potential wealth from oil, diamonds and agricultural land, it faces the choice of peace or continual war. Through the long years of devastating conflict, women have suffered the loss of their husbands and their children and they have borne the burden of ensuring their family's survival. Women now need the opportunity to participate in the rebuilding of Angola. Children have suffered catastrophic loss — the loss of many family members, the loss of basic education and health services. With international support, Angola must turn away from guns and landmines and invest in its most valuable resource, its people.

The delegation found that a majority of assistance has been focused on demobilized soldiers and their families. Aid has not, for the most part, been directed towards women and children, nor have women been involved in post-conflict planning. The Angolan government, UNITA, the United Nations and NGOs have no clear policy on the role of women in decision making and program implementation in the reconstruction of Angola. As a consultant to the World Food

Program noted, "Very few UN activities conform to the Beijing recommendations."

In addition, the delegation observed and was told of the dramatic absence of educational, vocational and psycho-social programs for children and adolescents.

Among the delegation's recommendations are:

- that women be integrated into all programming and be encouraged to participate in all aspects of society, including the policy arena;
- that children's needs be made an urgent priority in the rehabilitation of Angola: a strong and functioning education system is essential;
- that the government devote the country's substantial natural resources (primarily from oil and diamonds) to health, education and human development, not to arms and military equipment;
- that UN agencies and NGOs make education, vocational training, income generation and public health priorities; and
- that a timetable be established for the destruction of stockpiled landmines and other ordnance; that no new landmines be laid; and that significant funds be devoted to mine awareness and demining.

Angola

II. Background

Historical Overview

Angola's current realities cannot be separated from its bitter history. Over a period of 400 years of Portuguese colonization, Angola suffered a devastating loss of human capital — up to five million people were shipped as slaves from the ports of Luanda and Lobito to the Americas. Angola was the major source of slave labor for the vast Portuguese colony of Brazil. This overwhelming loss of people is estimated to equal the entire population of Angola at the turn of this century. When the slave trade ended in the 19th century, the Portuguese marginalized Angolans to the periphery of colonial society. Angolans were unable to obtain education or meaningful employment, and were relegated to serve in the most menial positions.

In April 1974, a military coup in Lisbon led Portugal to grant independence to its African colonies, including Angola. Sudden independence in November 1975 plunged Angola into deep crisis. The Portuguese fled the country *en masse,* leaving Angola without the technical and administrative skills it needed to keep the country intact. As David Lamb noted in *The Africans,* "At independence ... 98 per cent of the Angolans were illiterate and scarcely more than a handful had any technical skills ... all that remained was the carcass of a nation."

At the time, the keen aspirations of the Angolan people were represented by three independence movements — the MPLA, UNITA and the FNLA. The MPLA (Popular Movement for the Liberation of Angola) had waged war for independence since 1956. Backed by the Soviet Union and Cuba, the MPLA established the first national government. This government was contested by the northern-based FNLA (National Front for the Liberation of Angola), which was established in Zaire with support from Western countries, including the United States. UNITA (National Union for the Total Independence of Angola), an FNLA splinter group formed in 1966 by Jonas Savimbi, allied itself with South Africa and the West for military support. At independence, though the rebel factions had agreed to establish a government with representation from all three groups — the MPLA, the FNLA and UNITA — there was no agreement as to who would lead the new government. The situation quickly deteriorated into civil war.

Agostinho Neto, the MPLA leader, sought and received assistance from the Soviet Union and Cuba. Cuba quickly sent 20,000 combat troops and the Soviet Union sent 1,500 advisors to the country. And in April 1976, backed by Cuba and the Soviet Union, the MPLA defeated the FNLA and UNITA and gained control of the government. In response, UNITA and the FNLA continued to wage guerrilla warfare against the MPLA government. While the FNLA disbanded in 1984, UNITA continued to fight, supported by both South Africa and the United States. Between 1986 and 1991, UNITA received hundreds of millions of dollars of US assistance.

On May 31, 1991, Savimbi and Jose Eduardo dos Santos, President of Angola and leader of the MPLA, signed a peace agreement, the Bicesse Accord. This agreement called for a cease-fire, the creation of a new, integrated national army and a multi-party electoral transition to a new democratic order by late 1992. The MPLA legalized all political parties in 1991 and multi-party elections were held in September 1992, under the auspices of UNAVEM II (United Nations Angola Verification Mission). Over 4.4 million registered voters (91 percent) participated in an election process that was widely regarded by observers as "free and fair." The elections resulted in victory for the MPLA party, both for the Presidency and the legislature. UNITA refused to accept the results, and by November 1992 the country was plunged into what has come to be known as the "third war," a civil war distinguished by a level of violence and destruction that, even in the context of Angola's experience, was extreme.

During this phase of the war, the "second cities" of the interior — including Kuito, Huambo and Malanje — were besieged, and the death toll climbed to 300,000 persons. Starving civilians were shelled indiscriminately by both armies. Child soldiers were forcibly conscripted by both the government and UNITA in flagrant disregard of the Convention on the Rights of the

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Child. Millions of landmines were planted in Angolan earth. The towns and infrastructure of the country were effectively and totally destroyed. Toward the end of this dark period of large-scale, unparalleled violence, Angolans faced mass starvation.

The signing of the Lusaka Peace Accords on November 20, 1994 followed the recapture of the city of Huambo — the declared UNITA "capital" of Angola — by government forces, ending a vicious eighteen-month siege of that city by UNITA forces. As a result of this latest peace agreement, UNAVEM III was mandated to facilitate conditions of security and orderly progress that would enable the accords to be implemented and provide for a successful transition to a proposed government of national reconciliation.

Headed by Alioune Blondin Beye of Mali, UNAVEM III was projected to be a two-year effort, with an annual budget of $383.1 million dollars. It comprises the largest UN peacekeeping mission in operation, with almost 7,000 military staff, 350 military observers, 260 civilian police and 343 international civilian staff. Scheduled to begin its phase-down in February 1997, the protracted demobilization of UNITA forces is now projected to end in May, 1997, at which time an anticipated integration of UNITA and government forces is also to be completed.

Thus, following 30 years of almost uninterrupted warfare and strife, Angola is warily beginning to move towards peace. As UNAVEM forces prepare to leave, the country is beginning to move from the state of humanitarian emergency it faced at the end of 1994 toward, it is hoped, a period of development and stabilization. The new Government of Reconciliation is responsible for fostering this transition, with the support of the international community.

The lengthy conflict in Angola has produced a profound division of the citizenry along the lines of the two opposing forces — the MPLA and UNITA. This creates a tremendous obstacle to moving forward constructively as a nation.

The war-ravaged city of Kuito

© Anne Goldfeld

III. Refugee Repatriation

The United Nations High Commissioner for Refugees (UNHCR) has as its mandate the repatriation and reintegration of refugees to their home country in safety and with dignity. Over the past 18 months, UNHCR has been preparing to receive approximately 311,000 Angolan refugees currently living in the neighboring countries of Zaire and Zambia and, to a lesser extent, the Congo and Namibia. UNHCR estimates that 40,000 people have returned since January 1995. The majority of returnees are women and children. UNHCR is operating six field offices in the areas of major return, and maintains sub-offices in Uige and Luena. Refugees who repatriate through UNHCR's organized return program will be transported from countries of asylum through designated border entry points to reception centers inside Angola (Cazombo, Luau, Lumbala Nguimbo, M'banza Congo, Maquela do Zombo, Cabinda, Luen and Viana).

The reception centers will register returnees and their destinations within Angola, provide them with rudimentary health screening and also provide a basic "resettlement kit," consisting of blankets, agricultural implements, seeds and cooking oil. Returnees will also receive food rations for six months. Through its NGO implementing partners, UNHCR is rehabilitating health clinics and building village schools in the towns expected to be destination points of returnees. In addition, during the past year, UNHCR has undertaken the difficult task of rebuilding roads in the areas of return.

The 1991 UNHCR *Guidelines on the Protection of Refugee Women* call upon the UNHCR "to integrate the resources and needs of refugee women into all aspects of programming to ensure equitable protection and assistance activities." The 1994 UNHCR *Guidelines on the Protection and Care of Refugee Children* call on UNHCR and its implementing partners to take into account the specific needs of refugee children. The delegation found that in the planning for the return of Angolan refugees by UNHCR, programming for women and children in general has not been a priority, though they constitute the majority of the returnee population.

Repatriation From Zaire

The return of an estimated 200,000 Angolan refugees from southern Zaire has yet to materialize, although spontaneous return of refugees is occurring at a slow but steady rate. At the Maquela do Zombo reception center, for example, UNHCR estimates that there are between 100 and 200 spontaneous returnees to the area monthly. Increasing insecurity within Zaire creates the potential for a sudden influx of Angolan returnees, perhaps to be accompanied by an unknown number of Zairians fleeing their own country. UNHCR has undertaken extensive planning and, currently, contingency planning to prepare for the possibility of an emergency situation.

In Maquela do Zombo, the delegation observed UNHCR and UNHCR-contracted NGO efforts established for the repatriation. This includes the rehabilitation of health posts by the International Medical Corps, with a focus on primary health care, maternal child health and water sanitation. In concert with Médecins sans Frontières (MSF)/France and UNHCR, the International Medical Corps (IMC) has rehabilitated a health post in Maquela do Zombo, which will be used to screen returnees. This health post is part of a network of fourteen projected IMC health posts throughout Uige province; three are functional to date. IMC is also training primary health care workers, EPI (expanded program on immunizations) technicians, maternal and child health care workers (MCH) and traditional birth attendants (TBA), using a community-based, education approach.

In addition, MSF/France is rehabilitating the local hospital. This 75-bed hospital includes pediatric, surgical, tuberculosis and obstetrics wards and basic laboratory services. At the time of the delegation's visit, it was clear that this hospital was providing quality care to its patients despite the enormous obstacles it has had to overcome. Local health care workers appeared to be well-incorporated into the work of the hospital. The re-establishment of this facility represents a significant accomplishment for the Maquela community. It is nevertheless sorely overburdened.

In Maquela, IMC has initiated water and sanitation programs, including the projected construction of vented latrines and the establishment of a system of public water wells. In addition to the health screening of returnees, IMC staff are offer-

ing vaccinations and health education for the local population at its network of health posts. The MSF Hospital screens each new arrival for *trypanosomiasis*, or "sleeping sickness," which has become a major health issue in the region (see page 13).

Also in this area, the United Nations Children's Fund (UNICEF) is piloting an education program for all of Angola. Run by the Norwegian Refugee Council (NRC) and UNICEF, it aims to develop skilled teachers through a one-month training. The program is coordinated by Greta Ravn Omdal of NRC, who has used the same training in Kenya and Nairobi.

However, Ms. Omdal expressed concern because she feels the program has great potential, but lacks support. She cited a long delay in receiving training materials (four months after the training started, the materials had not yet arrived). She feels that the curriculum does not adequately reflect Angola's culture and recommends that UNICEF, which is developing the curriculum, incorporate stories, singing and music from Angola's culture. She also asked that UNICEF support the program more fully, by sending staff to observe and assist in its refinement. "We're starting an education in Angola where there never was one. If we are going to succeed, we need to work together and do it right," she told the delegation.

UNHCR, which is working with returnees in this area, sees this education program as an opportunity for collaboration with UNICEF: Mrs. Sadako Ogata, the High Commissioner for Refugees, has named Angola as a location where such a joint effort might be tested.

The efforts by NGOs to improve health care, water and sanitation, and education in Maquela do Zombo are benefiting the local community and will likely serve as an incentive for people to return to their communities.

In Uige province in 1996, 5,000 returnees had arrived at the reception center in M'banza Congo at the time of the delegation's visit. Delegation members interviewed 30 women who had returned to Angola in 1996 after 12 years of exile in Zaire. They support themselves and their families by selling fish, vegetables and other goods in the local market. Women reported that while land is available for farming in the region, they have received no seeds or tools from UNHCR and are thus unable to farm. Women with skills such as book-keeping and tailoring reported that there are no job opportunities for them in this area.

The story of one woman, a 37-year-old mother of seven, typifies the difficult circumstances these returnees face. This woman has not heard from her husband, who left to fight in the war, for three years. She fears he is either dead or has abandoned her and their children, who range in age from 15 to three years old. Only three of her children are able to attend school, because school fees are too expensive. Even then, she said school conditions are very poor. "There is no schooling material — no desks, books, nothing — and school fees are required," she said. "But we have no money. Sometimes we go to the market, but we don't sell anything." When asked about the peace process and the possibility of organizing the group of women to work for peace, another woman said, "If we do that, they [the warring parties] will kill us."

She described life as "very, very difficult," with health, food and education her biggest worries. She related that the local hospital often has no drugs, saying: "Our children die because of lack of drugs. If you don't have relatives to give blood, your child will die." She lost a child for lack of medical attention one year ago.

Repatriation From Zambia

In Cazombo, UNHCR works in partnership with the Lutheran World Federation (LWF), which is responsible for school, road and bridge rehabilitation, the African Humanitarian Aid (AHA), which is involved with hospital and health post rehabilitation, and Save the Children/U.S. (SCF), one of the organizations responsible for demining. LWF uses local labor and a combination of food-for-work and in-kind payment (clothing, blankets, soap in exchange for work). "We give an orientation and provide the tools: hoes, axes, machetes and shovels," explained Pascal Remetio, the coordinator of the project. "We involved women in the leveling and clearing of the roads. Our analysis shows women do good work. They easily assimilated instructions on leveling the road. Of course, men must be involved in this process ... men won't allow women to participate unless they are consulted first."

A 21-year-old mother of four interviewed by the delegation stated that what would be most

beneficial to her to ease her burden as a mother and provider for her children would be a water source near her home, access to a grain grinding mill and the opportunity to learn Portuguese.

UNHCR is planning for the return of approximately 26,000 people during the dry season — May through August of 1997. However, 14,000 people already have returned spontaneously to the Cazombo region from Zambia and Zaire during 1996. Typically, a family member — usually a young man — is sent ahead to investigate the situation. After word arrives that it is safe to return to Angola and a house has been built, the family will join him. "Spontaneous returnees" are registered by the local government and then the LWF provides food for three months and an assistance package which includes soap, blankets, clothing, kitchen utensils, seeds and tools. There is also a focus on school construction as a way of improving conditions in general in the communities to which refugees are returning. Yet UNHCR has been slow to start activities such as teacher training and vocational education, which will be critical to rebuilding these communities.

Again, Cazombo is an opportunity for joint work by UNICEF and UNHCR; the teacher training which is being tested and developed in Maquela could be expanded to this area, where refugees are returning, schools have been rehabilitated and an NGO is eager to assist.

Protection of Returnees

In M'banza Congo, members of the delegation were told that refugees were being harassed by police as they crossed the border from Zaire into Angola. Both women and men reportedly are frequently robbed by police. There are reports of women being strip searched and being asked to relinquish their belongings at the crossings. There is a clear need for female protection officers at these border crossing points. Further, the UNHCR should negotiate with the Zairian and Angolan government to provide training in protection to their border personnel, including military and police. Simultaneously, a system to monitor the effectiveness of this training should be established.

From the information gathered, the delegation did not see evidence of UNHCR planning for the specific needs of particular groups of individuals in the repatriation process. The delegation saw no evidence of planning for the needs of female heads of households, refugees choosing to repatriate to mined areas, older or very young individuals, and other "at risk" individuals, such as the handicapped or the chronically ill.

The UNHCR *Guidelines on the Protection of Refugee Women* and the UNHCR *Guidelines on the Protection and Care of Refugee Children* were published in 1991 and 1994, respectively. Some NGOs in Angola have incorporated women into their programming and have specifically given women work and educational opportunities. UNHCR, however, needs to specifically address the following issues: 1) including refugee women in the planning of the repatriation effort; 2) assessing the needs of refugee children and adolescents; 3) assessing the number of female heads of household and others at risk and planning for the successful reintegration of these individuals and families; 4) ensuring that women and children will have access to services and materials; 5) and ensuring protection for women and children as they cross the border during the "spontaneous" repatriation phase.

Reintegration of Returnees

As refugees and the internally displaced return to their war-devastated communities, efforts must be made for reconstruction and development that will benefit both the returnees and those who remained. Food distribution and other assistance for returnees can create resentment among those who stayed behind. UNHCR plans to follow the repatriation of refugees with Quick Impact Projects (QIPs), small-scale projects ($5,000-$75,000) designed to reintegrate returning refugees and displaced persons into their home communities while at the same time benefitting the local communities. QIPs are intended to restore basic infrastructure damaged during the conflict, such as roads, bridges, schools, wells and clinics. These projects also provide training and materials for employment opportunities, such as carpentry, tree nurseries, bakeries, fisheries and other small-scale enterprises.

UNHCR plans QIPs and other reintegration programs for 1997. However, thousands of refugees already have returned spontaneously and little community development has taken place. UNHCR should initiate these programs now and make special efforts to include women

returnees. Working in partnership with communities to which refugees are returning to build and/or rehabilitate water and sanitation systems, health posts and schools will create conditions for the sustainability of the UNHCR effort. Educational and vocational opportunities are crucial to the rehabilitation of communities. UNHCR support for programs of formal and informal education for women, children, adolescents and men including skills training, micro-enterprise activity development, and literacy and vocational education will create both the incentive for return and conditions for the successful reintegration of refugees and the reconstruction of the communities to which they will return.

The immediate need for education must be emphasized as a critical aspect of reintegration. In Cazombo, Lutheran World Federation is prepared to develop community resources, including training of teachers, income generation for women and involvement of local community and returnees in all aspects of the rehabilitation process. However, UNHCR has been slow to support such activities. As one UN official noted, "The donors decided not to make education a priority in the post-emergency phase and it definitely was not seen as a priority during the emergency phase." Instead, in Cazombo for example, UNHCR is concentrating its resources on transport and logistics (e.g., purchase of trucks to move refugees from camps to villages). The delegation strongly urges UNHCR to use funds for educational, vocational, health and other programs that will set the stage for long-term development.

IV. The Internally Displaced

Another critical problem in Angola is the plight of an estimated 1.2 million internally displaced persons (IDPs), approximately one tenth of the population. This population was forced to flee within Angola due to the ongoing conflict. Some are dispersed throughout the provinces, and hundreds of thousands have poured into the over-crowded and dilapidated capital city, Luanda. The delegation found that this group is one of the most destitute, and least attended to, of all of the war affected in Angola.

Luanda, which had an infrastructure designed to support about 400,000 people, is now vastly overburdened by a population of approximately 3 million. The central "cement" city is surrounded by ever expanding *musseques*, or shanty towns, filled with citizens displaced by war who are scrabbling for existence in this meager urban environment. There is no water system to serve the extended city; this lack of access to water and sanitation results in high levels of disease and death.

The Angolan Ministry of Social Assistance and Rehabilitation (MINARS), together with the UN's Department of Humanitarian Affairs, is responsible for assisting the internally displaced. Minister Albino Malungo of MINARS stressed that it is important for NGOs to conduct their work under the national plan developed by Angola. However, many NGOs told the delegation that the capacity of MINARS to oversee and assist in the rehabilitation process was limited. Indeed, of MINARS' very limited budget, a full 80 percent is designated for payments to demobilized soldiers.

A minority of displaced persons live within designated IDP camps or resettlement villages. Approximately 30 kilometers outside Luanda is the large IDP camp, Boa Esperanca. In this camp are approximately 34,000 displaced persons from the Angolan municipality of Nubuamgongo, as well as 1,000 Zairian refugees. The Zairians claim that they are the object of abuse and harassment by the IDP community. They are living in makeshift tents while the rest of the IDP population have more substantial straw and mud huts. It was reported that there are increasingly frequent thefts and attacks on them.

The Angolan IDPs in this camp have been displaced since June 1993, as a result of the "third war." Essentially, the townspeople fled *en masse* from a UNITA-controlled area, and the former municipal administrative structure remains intact within the camp. Camp residents spoke of declining services and a complete lack of attention to their needs. A tour of the camp health post revealed a woefully under-equipped facility, with willing health care workers but no medicine to offer. An Italian NGO worked in the camp at one time, but has recently ceased to provide services. Delegation members were told that in November 1996, 38 people died of malaria in the camp.

The delegation was told that the schools were no longer functioning and observed children and adolescents wandering aimlessly with nothing to

do. There appears to be no sports equipment, no toys, in short, nothing in place for children.

The municipal administrator said that the people in the camp were awaiting a "positive declaration" from UNITA and the conclusion of the Lusaka peace process before making any decision to return home. Skepticism on the part of camp residents regarding their return was evident. This is a complex situation that needs to be addressed by the Angolan Government, UN agencies and others as tensions are rising.

The second highest number of internally displaced persons is in Benguela province. Thousands of people live in camps established by the government, one of which is located on a large plot of land along the beach road between the cities of Lobito and Benguela. The land was designated for this use by the Angolan Government and is administered by a Portuguese NGO in conjunction with MINARS. One of these camps, which shelters people from Damba Maria and Luongo, is home to more than 10,000 people, including 6,512 under the age of 18. Almost half the families are headed by single women. Most of the families say they are uncertain about when they will return home because of continuing instability in the region. While UNICEF has installed wells and latrines, sanitation in the camp was extremely poor. Public health education is seriously needed, as evidenced by children observed playing on a beach littered with human feces.

Another city severely affected by large numbers of internally displaced is Luena, the capital of Moxico province. Mortar-pocked school buildings, office buildings, movie theaters and former private homes house thousands of displaced families throughout the city. During the war, the city was encircled by landmines, cutting off residents from trade and agricultural production. NGOs devoted to demining who are working in the area have made some headway with mine clearance, and small patches of land are being made available for cultivation.

Save the Children/U.S. supports thousands of internally displaced in Luena by distributing seeds, tools and food. The delegation observed a food distribution point at a resettlement camp outside the city. Approximately one hundred people were at the distribution point to receive maize, beans and vegetable oil. The village chief oversaw the process, which was run by men, who made up the majority of the people receiving food that day. When asked, the village chief noted that there were many women headed families with small children in the village. One woman, who received her ration at the end of the distribution process, told us she had waited three days to receive her ration. She lost her husband in a landmine accident and her only means of feeding her seven children was through the ration.

Angola's displaced people must be able to return to their place of origin or be incorporated into new communities in a way that allows them to make a meaningful restart. Educational and vocational training programs for children, adolescents and women are crucial as reintegration moves forward. The work of MINARS to function as an effective structure for the coordination of NGO efforts and quality monitoring is essential and needs strenuous support.

V. Emergency Needs in Angola

Protection and Human Rights

According to the 1995 Angola Country Report on Human Rights prepared by the State Department for the US Senate, the Angolan Government "continued to commit numerous serious abuses ... members of the security forces committed numerous extrajudicial killings, arbitrarily and secretly arrested and detained individuals and routinely tortured and beat detainees.... The government restricts freedom of expression and freedom of the press and inhibits the free movement of its citizens both inside and outside the country.... Violence against women is widespread."

Human rights abuses are also common on the UNITA side. As detailed in the same report, they include "...disappearances, arbitrary arrests and detentions, denial of fair public trial, violations of humanitarian law, including attacks on civilian populations, forced conscription of young children, and restrictions on the freedoms of speech, press, assembly, association and movement."

These kinds of abuses continue to be widespread and include numerous attacks on aid workers, including the targeting of planes and vehicles carrying NGO workers. While the delegation was in-country, an Angolan World Food

Program worker was shot and killed and a Christian Children's Fund worker was abducted and beaten. UNAVEM, the international community, the government and UNITA administrative structures in Angola must make it clear that such violations will not be tolerated.

As part of UNAVEM III, a human rights unit was established to monitor human rights within the country and mandated to bring attention and focus to the issue of human rights in Angola. The delegation found that the human rights unit is ineffectual in large part because it lacks a clear and concise mandate from the UN Security Council. The unit includes only eight people, many of whom lack sufficient experience and training. Furthermore, there are no monitors specifically dedicated to children's and women's protection. Given the extraordinary importance of ensuring and monitoring human rights as a cornerstone to establishing lasting peace and reconciliation in Angola, it is surprising that UNAVEM III has not included a dedicated and effective human rights effort.

The weakness of human rights in Angola has been highlighted in recent reports by Human Rights Watch and Amnesty International. In its October 1996 report, Amnesty International concluded that: "The lack of a sense of accountability on the part of both the government and UNITA constitutes a serious obstacle to reconciliation. Both sides have consistently evaded any attempt to carry out thorough investigations of human rights abuses and failed to adopt corrective and/or preventive measures."

It is the delegation's opinion that the UN Security Council, through UNAVEM, has squandered what should have been a strong two-year start to establish effective monitoring and reporting of human rights abuses throughout Angola. To begin to change the accepted dynamic of violence and terror that is now the rule in Angolan society, a human rights effort must be vigorously mounted.

An example of the abuse suffered by children is the story told to a delegation member of two young girls in Kuito, now 12 and 14 years old, who were kidnapped from their homes and used as prostitutes by UNITA soldiers. Furthermore, delegation members were told that dozens of young girls have been kidnapped from the Kuito area; their whereabouts are unknown. In Luanda, the delegation was told by Ronan Scully of the Irish NGO GOAL that prostitution has become a trade for Angola's street children and that street children also fall prey to police. He related the story of an 11-year-old girl, who told him: "The other day, the police arrested us and put us in a jeep.... They said that they were taking us to jail, but instead they asked my two friends and me for our money. After-wards they raped us, beat us and abandoned us at the airport dump." There is no recourse for these children.

In an interview with delegation members, the Bishop of Uige expressed support for the concept of extending amnesty for atrocities committed during the war by both UNITA and the MPLA, saying, "The people remember the past, they do not forget." At the same time, he stressed, "But now it is critical to establish an impartial and strong human rights monitoring arm of the United Nations mission to prevent future atrocities and to consolidate the peace." He feels it is critical that UNAVEM leave in place a strong structure from which Angolans can move ahead both in their own monitoring of human rights abuses and in strengthening the concept of human rights. The Bishop further stated, "To consolidate the peace, we must prevent the further selling of arms to Angola." He emphasized the need to invest in education, health and the development of the country in order to promote conditions that will allow peace to take hold and flourish.

Health

The health care system of Angola is so destroyed as to be effectively non-existent. Dr. Belbina Ventura Felix, the Chief of the Hygiene and Epidemiology Department of the Ministry of Health in Angola, estimates there are approximately 1,000 doctors in Angola to minister to its total population of some 13 million. Although there is a medical school in Luanda, it has been basically non-functional since 1988, lacking laboratory supplies, books or professors. Furthermore, the Health Ministry has been crippled because the post of Minister of Health — a designated UNITA post — has remained unfilled. At the time of the delegation's visit, a specific date for his assumption of duties had still not been set. Dr. Teresa Cohen, an Angolan physician who serves as Vice-Minister of Health, noted that during the

war years, the budget for health services in Angola stood at three to four percent of the country's total budget. She described the waste of resources on war and told the delegation she had been assured that Ministry funds will be increased to 20 percent of the total budget in 1997-98.

The drastic consequences of this breakdown of the medical system are reflected in the health indicators of Angolan women and children, which are among the worst on the planet. According to UNICEF statistics, maternal mortality is 1,500 per 100,000 live births. It is estimated that one in three Angolan children dies before his or her fifth birthday (320 deaths per 1,000 live births). Recognizing that training at all levels is imperative, Dr. Cohen noted that the Health Ministry has made training a priority, starting with a census of health professionals and focusing on a retraining and recertification program. The international community must strongly assist Angolan health workers as they struggle to resuscitate their devastated health care institutions.

Furthermore, health workers do not receive a livable wage. The extremely low salaries of approximately $15 to $30 month for nurses and doctors, coupled with hyperinflation, provide minimal incentive to work in government facilities. Health workers commonly have other jobs in order to support their families and often leave sick patients behind in the government clinics.

In Kuito, the delegation visited a maternal/child health (MCH) facility close to the noon closing time. The health workers were done with their "day's work" and were about to leave the facility, presumably for their other jobs, when the delegation arrived. They showed the delegation a ledger from that morning of approximately 70 patient visits of sick children. However, there were at least that many patients still waiting outside to be seen. The workers characterized those waiting as "well-baby" visits, despite the fact several of the babies appeared ill. One infant who was being weighed in the "well-baby section" was coughing, wheezing and feverish. Salary supplementation is crucial to ensure the adequate staffing of such facilities.

Water

Clean water is not attainable for most Angolans. Beyond the fact of disrepair and the general low level of rural infrastructure, water systems in rural areas were often targeted by combatants. In Maquela do Zombo, the public water system has not functioned for two decades. In Luanda, antiquated, decayed urban water and sewage systems need complete renovation. Provision of clean water is a critical priority and investment in village well systems, as well as an overhaul of the Luanda water system, will require substantial investment from the Angolan Government and international funding agencies.

Nutrition

During the delegation visit, the delegation was confronted repeatedly by the tragedy of childhood malnutrition. For example, in the Maquela do Zombo Hospital, the delegation met a 28-year-old woman with six children (ages 12, 7, 5, 3-year-old twins and an 8-month-old baby). The twins and the 8-month-old were severely malnourished. This woman's husband died in March of this year because of "swollen legs." Since then, the family has had great difficulty growing cassava on their plot of land. This situation again illustrated the vulnerability of families of unskilled female heads of household.

In Uige, the delegation visited a feeding center run by MSF/Spain. At the inception of the program in 1994, a survey revealed high levels of severe malnutrition among children in the area. In addition to providing food supplementation, the MSF/Spain program provides basic training to mothers in nutrition and hygiene. Such educational efforts aimed at mothers are critical if a child is to remain in a state of good nutrition. With the cessation of war, the MSF/Spain staff has seen improvement in the nutritional status of the children in the Uige community, although they noted that childhood malnutrition rises dramatically during the rainy season when cases of malaria begin to increase.

The delegation also visited therapeutic and supplementary feeding centers in the city of Benguela managed by MSF/France. These feeding centers for children with severe malnutrition have been in operation for eighteen months. They are located next door to a hospital, but according to the MSF staff, the hospital has no pediatric unit, few trained staff, and no medical supplies or drugs. Even after receiving shipments from UNICEF, nothing is available. The MSF staff sus-

pects that supplies and medicines are stolen by the health post staff, who receive little or no pay. The delegation was told that in UNITA-controlled areas, medicine is generally not stolen.

Prenatal Care, Maternal Mortality, Family Planning

Dr. Ventura Felix reported that a study of maternal mortality in the city of Malanje revealed that mortality there is double the alarming 1,560 per 100,000 live births at the national level. She noted that this data is from a city under government control, and that such data does not exist for the UNITA-controlled countryside, where she suspects that the situation may be worse. Dr. Felix attributed this high rate of maternal mortality to nutritional deficiencies and the disruption of the health system as a consequence of war. Since there are almost no trained maternal health workers, most births are attended by untrained family members or neighbors. Finally, cultural factors, including lack of communication between traditional healers and health professionals, and a lack of health education in general mitigate against women's survival.

Access to knowledge about family planning is sparse to non-existent in Angola. Access to such information and development of these services and supplies need to be a high priority. A study undertaken by the IMC in Moxico province in the spring of 1994 surveyed 582 women of childbearing years and found that 94 percent of the women reported that their first pregnancy occurred before the age of 20. Sixty-five percent of the women reported four or more pregnancies and only one percent (six of the 582) reported using any family planning method.

Vaccination

The World Health Organization (WHO) in cooperation with the Angolan Government and UNITA forces has coordinated a nationwide vaccination campaign against polio, measles and tetanus, with the help of implementing partners including UNAVEM, UNICEF and various NGOs, such as the IMC. Dr. Paulo Froes of WHO reported that this coordinated effort has been highly successful. Mass vaccination days conducted simultaneously in 18 provinces and resulted in reportedly almost two million children vaccinated. The training of vaccinators in cold chain procedure has been undertaken by, for example, the IMC with success and demonstrates the kind of focused skill so urgently needed in Angola. Given that measles is a major cause of childhood death in Angola, these achievements are laudable.

Malaria

Malaria is a leading cause of mortality for children under the age of five. In the northern Angolan Maquela do Zombo MSF hospital, 100 cases of childhood cerebral malaria were reported in the month of November. Of these 100 children, seven died. Similarly, in Cazombo, African Humanitarian Aid (AHA) found that malaria is the biggest health problem in the community and that children under four were most affected. Public health education, vector control and distribution of protective netting should be priorities.

Sleeping Sickness

In 1974, there were three cases of *trypanosomiasis* (sleeping sickness) reported in Angola. There are now a documented 5,000 cases which, according to Dr. Laurellaird, MSF/France and Dr. Wanda of the Caritas facility in Uige, represent a great underestimation of the problem. Entire towns in northern Angola have reportedly been rendered "ghost towns" by this deadly disease, which causes severe neurological symptoms as the disease progresses. The tsetse fly vectors that transmit *trypanosomiasis* to humans survive in wooded areas near rivers, and humans serve as the major reservoir of infection. With the total breakdown of the medical system and increasing numbers of infected individuals to serve as the host, clinical cases have multiplied. Additionally, although the drug eflornithine (DFMO) is effective in clearing the parasite, it is not generally available in Angola.

Tuberculosis

Health workers in several provinces told the delegation that they have noted an increase in tuberculosis, which they attribute to a possible increase in AIDS. Given the likely impending AIDS problem in Angola, a coordinated community-based approach to TB treatment, similar to programs that have been successful in other war-

torn and developing nations, is a public health priority.

Sexually-Transmitted Diseases

Nurses from an international NGO told the delegation in Cazombo that they have noticed a serious problem with sexually transmitted diseases (STDs), such as chancroid and gonorrhea, but have had difficulty addressing this problem. The nurses noted that in this area polygamy is practiced and men also frequent prostitutes. They reported that many people are seeking treatment for STDs. The NGO has trained the local health care staff in the prevention of STDs and brought in condoms, but has found that resistance to the use of condoms is great. Clearly, preventive and educational programs are urgently needed, which will require the participation of traditional healers and other community leaders.

AIDS

It is surprising that, in a country surrounded by nations with some of the highest incidences of HIV infection and AIDS in the world, there has been no consistent surveillance testing for HIV by the WHO or any international agency. The only statistics the delegation could obtain were from a physician who stated there reportedly have been 1,100 AIDS cases in Angola to date, with 90 percent of these in Luanda. The delegation was also told that, in the northern province of Cabinda, an international oil company has been testing its Angolan workers as part of a health screening program. This screening apparently indicates that one out of ten healthy young males reporting for employment is HIV positive.

One can make the assumption that AIDS is a serious threat to the entire country. Peter Masebu of the Panafrican News Service quoted Siudifonya, a radio journalist-turned politician: "The outcome of [the war] has been an upsurge in cases of drug abuse, juvenile delinquency, early sex and pregnancies, abortions or baby dumping, sexually transmitted diseases, including AIDS. The figures we have show that at least one million people are now living with HIV. Even this could be an underestimate." (Angola-Health, January 23, 1997.)

The international health agencies, in collaboration with the Ministry of Health, should immediately perform HIV/AIDS surveillance testing among different population groups and in different parts of the country in order to get a sense of the magnitude of the problem. A massive education and counseling campaign regarding safe practices to avoid the spread of HIV infection is imperative and should be established.

Overall Health Priorities

Given the lack of literacy, a creative and well-coordinated public health effort, which focuses on education about basic sanitation, nutrition, vector control, family planning and AIDS prevention, is critical. Skills training and upgrading for medical personnel is needed at every level. Budget support for health workers' salaries, along with better monitoring of drugs and supplies, will also be necessary to improve the status of health in Angola.

Dr. Samsom Ngonyani, Medical Director of the IMC in Angola, emphasized the importance of education and literacy as a cornerstone of providing health care in Angola. As examples of the general low level of knowledge, he cited a lack of knowledge at the community level about how malaria is contracted and poor understanding of childhood nutrition.

Integration of government and UNITA health systems will require sensitivity and diligence. A hopeful example of the potential for reconciliation and cooperation was witnessed by the delegation in Negage, at a UN Department of Humanitarian Affairs/Humanitarian Assistance Coordination Unit (UCAH)-sponsored combined government/UNITA health coordination meeting. These monthly meetings have contributed to a sense of integration, trust and effective discussion and programming focused on health issues.

Human Resources and Education

Education is perhaps the most urgent need facing Angola in terms of the country's transition to development. Only two in five eligible primary school students are enrolled in school, and enrollment for girls is less that 30 percent. Interviews with both Angolan and expatriate personnel, Angolan Government officials and ordinary Angolans throughout the country underscored the critical need for investment in education for Angolans of all ages, from children — in

a nation where half the population is under the age of 15 — to adults who are now attempting to restart their lives and work.

The Education Ministry is considered to be virtually "non-functioning" by numerous NGO and government workers interviewed. One reason for this ministry's particular weakness is that the post of Minister of Education — a designated UNITA post — has remained unfilled during this time of transition from emergency to development planning, thus compounding the problems of a destroyed educational infrastructure. The declining teacher base, teachers with a very low skill level and a meager educational budget have been exacerbated by the vacuum in central leadership.

One of the reasons the national school system is not functioning is because teachers are not paid. Two teachers told the delegation that they had taught for six months without receiving payment and so decided to take other jobs. Some teachers are teaching and directly charging fees; many families, however, cannot afford to pay school fees. Even in areas where there are school structures, there are no materials. In Uige, the delegation was told that the Catholic church runs a functional school system, but that it was too small to meet the needs of the population. In the Cazombo area, teachers are working voluntarily; in the mornings they cultivate their fields, in the afternoons, they teach.

Teacher training and salary support must receive high priority as Angola moves into the initial phase of its new Government of Reconciliation. Teachers cannot be expected to dedicate time and energy to teaching duties when they do not earn anything approaching a living wage in their profession. Given the level of inflation, this could be food for work or other in-kind payment. Furthermore, without raising the level of knowledge and skills that teachers bring to their work, Angolan students will not be able to make the strides in learning that are imperative for the future well-being of the nation.

Another constraint to achieving universal literacy is lack of a common language. Although Portuguese is the national language, those without formal education have not had the opportunity to learn to speak, write or read it. A number of women told the delegation that one of their major priorities is to learn Portuguese. They recognize that their ability to read and write Portuguese will raise their status. Furthermore, expansion of the teaching of Portuguese would contribute to national unity.

Political considerations also may impede the ability of the educational system to rebound. For instance, in the Cazombo region, there are returnees from refugee camps in Zambia who have completed secondary school. These returnees could be recruited as teachers, but they may not be hired due to resentment towards returnees among the local population, who stayed in the region and suffered through the war. The current plan is to train existing identified teachers, helping them to upgrade their skills and knowledge. UNHCR should also work to reintegrate returnee teachers, perhaps through the negotiation of a general agreement of teacher qualification standards between the government and UNITA. Not to use these qualified individuals would represent a loss to Angola, which is desperate for human resources.

In all of its visits, the delegation was told that there exists a great disparity in the skill level of government and UNITA identified teachers. Because of the political sensitivity of the anticipated integration of these separate systems — the government school calendar does not coincide with the UNITA school calendar and there are differences in the curriculum— it will be critical to provide adequate support for all those identified as teachers, from both government and UNITA areas.

Adolescent and Adult Education

Millions of young adults were denied education during the war years, and it is critical that their needs be addressed immediately. Adult education, particularly literacy and vocational training for older adolescents and adults who need to support themselves, is important if Angolans are to successfully start and rebuild businesses and administer complex institutions, such as government offices, hospitals and schools.

In Kuito, the Irish NGO CONCERN established a pilot program to train the mine-disabled in tailoring. The services of a basic education teacher were added to its training course when it became evident that program participants also required literacy and numeracy instruction. Without adequate development of reading, writing and math skills, it was foreseen that program participants

would be unable to plan and budget effectively or generally administer the tailoring company they were attempting to form.

Women and adolescent girls, in particular, need education to raise their status and improve their productivity. Mary Daly, a physician who has worked for many years in Angola, now with the Canadian NGO, Development Workshop, commented: "Health services, even primary health care, are consumer services which only provide people with something they can get by with. The only substantive impact that can be made is to raise people's level of education. There is nothing empowering about curative medicine. Investment in women is the most cost-effective use of educational resources. When the women bring home the money, tradition goes by the wind and people are likely to change for the better."

Adolescents, too, must be a major and immediate focus. A CCF project director in Malanje, Justino de Costa, worries that adolescents will drift into banditry and other a-social activities if they have nothing to do. Many people the delegation talked with would like to see formal adolescent apprenticeship programs, adolescents mentoring younger children and the return of informal and formal recreational and sports activities.

UNDP, together with the National Institute for Reintegration (SECOR), is implementing a program aimed at supporting the resettlement of demobilized soldiers and their families by promoting income generation, vocational education and business management training activities. A UNDP trust fund will be established in different provinces and administered and managed by SECOR to finance Quick Impact Projects (QIPs) implemented by NGOs.

While the need for such programs cannot be understated, the delegation found that many of these efforts are aimed *solely* at ex-combatants, with little or no effort to reach girls, women or adolescents. Also women do not participate in the planning and implementing committees. UNDP has said it hopes to rectify the absence of women in its programming by recruiting a gender officer in 1997. A senior UNDP manager said: "We are trying to reduce the imbalance and create gender sensitivity in our program management staff."

UNDP is also supporting existing training institutions and traditional apprenticeships in different provinces in conjunction with the International Labor Organization (ILO). A UNDP officer visited the training center in Huambo and observed that only six or seven students out of 60 were female. He discovered that a program requirement was a seventh grade education. UNDP urged the training center to change this requirement so that more girls and women could participate. The officer noted: "The war has taught a lot of people that some rules are not carved in stone. We will try to apply here in Angola the Ghanaian saying, 'If you educate a woman you educate a family.'"

Caritas is working through local parishes to carry out an accelerated literacy training program designed to teach people to read Portuguese in six months and to become functionally literate in one year. The program, which was developed in Moxico, is now being offered in Luanda, Cuanza Sul, Benguela, Lunda Norte, Uige and Malanje. To increase the number of women students, the Caritas sisters are scheduling classes to accommodate the daily routines of women who work long hours in the market place. These classes are now oversubscribed.

Other NGOs, including Lutheran World Federation, are using the Caritas program, which uses low cost materials (approximately $20 for 10 students). Caritas has offered to sell the materials at cost to any NGO that would like to provide literacy training.

Health education workers with the ADPP health education program in Caxito (north of Luanda), concluded that their program curriculum was not well assimilated by families participating in the program because the overall educational level — as well as economic status — of these families was so low. Education will have to be addressed in its most fundamental sense to allow the population to truly benefit from public health information — about malaria vector control, nutrition, hygiene and sanitation, vaccination and reproductive health — and other programs being supported by the international community.

VI. Children and Adolescents

Children and adolescents (ages 0-17) constitute over half of Angola's population. These children have known nothing but war. It is estimated that more than half the children from the most war-torn regions have been shot at, lost their homes or seen neighbors and members of their families killed. Further, a huge number of Angolan children have been injured by landmines.

The young people of Angola are the key to its future. If they are deprived of education and employment, many will turn to the only life they have known, that of guns and violence.

Despite the war and violence they witnessed, Angola's children display a resilience and hopefulness about their future. One delegation member, a child psychologist, visited children living in centers in Kuito and Malanje who were waiting to be reunited with relatives or placed with foster families. When invited to draw pictures of their future, many drew families, homes, schools and jobs for themselves. The children were observed to be highly competent, motivated and wanting desperately to learn and be challenged.

One of the only programs currently aimed directly at assisting war-affected children is the Christian Children's Fund's (CCF) effort to provide psycho-social assistance in areas most affected by the war. CCF's goal is to promote appropriate understanding of children's needs by training teachers, care staff at institutions, parents, local village leaders and others directly involved in children's lives. CCF aims to train 4,000 adults in five provinces over three years with the goal of reaching 320,000 children. The program also includes an extensive research component and monitoring effort, which will help CCF and its primary funder, the U.S. Agency for International Development, to understand the effects of war on children and to intervene successfully to help war-affected children. Professional research of this nature is essential not only for Angola but to more objectively understand the needs of all children in war-affected countries. Unfortunately, the nature of emergency needs has made research of this nature a low priority.

Maggie Brown, CCF's representative in Angola, described what she sees as the most important part of the program. "We are working with an Angolan staff — I am the only expatriate. We've recruited the staff from local areas and they speak the local language and are working with their own communities. They know what their people went through during the war."

CCF has found it needs to be creative in identifying and working with the people in the community who provide child care. "Women are terribly overburdened and most men do not see child care as their role," says Ms. Brown. She foresees working with adolescents — older siblings — who can work with younger children and who would be proud to have additional responsibility and act as teachers in drawing, music, dancing and other activities.

Although the delegation visited a number of programs focusing on assisting child soldiers, street children and children separated from their families, the majority of Angola's young people do not fall into these categories, but still need support and assistance. The Government of

Boy soldier at quartering area outside of Negage

© Annie-Sophie Rosette

Angola, UNITA, the United Nations, international organizations, governments and NGOs should join together in supporting a massive education effort for Angola's young people.

Child Soldiers

The issue of Angola's estimated 5,000 child soldiers (UNDP statistics), their demobilization and reintegration into society, is one of the most difficult problems facing Angola today. At the time of the delegation's visit, members were told that approximately half of these boy (and girl) soldiers had been demobilized in quartering areas, with the goal of their complete demobilization set for May, 1997. However, the issue of demobilization has become political, and is a disputed matter between UNITA and the government: UNITA wants child soldiers to remain together and receive vocational training; the government, and a majority of the international community, want them to be reunited with their families.

The CCF, with Save the Children/UK, is involved with the return of child soldiers to their families and communities. "We are working in eight provinces and hope to reach 80 percent of the demobilized children," explained Ms. Brown.

She said the most important aspect of the program was community involvement. CCF looked for a community network that could assist the young people who were being demobilized. It found that the Catholic church had a network of catechism teachers (*catecistas*) who were willing to follow up with the child soldiers when they returned to their communities. The *catecistas* assist the demobilized youth in, for example, starting small businesses, getting land back, locating family members and with other concerns. So far, CCF has seen positive results from this reunification effort and attributes much of it to the network of *catecistas*. "We need to reinforce local leadership structures whenever we can, whether church or other networks," Ms. Brown said. "The international community tends to overlook these structures when setting up service delivery programs."

The United Nations is coordinating the overall demobilization effort, which began with the demobilization of soldiers under the age of 18. Berit Nordbakke, seconded to the UN from Save the Children/Norway, told the delegation that of over 300 boy soldiers she interviewed in the M'banza Congo quartering area, none had gone into the military voluntarily. All had been kidnapped or conscripted. She reported that almost all of these boys articulated the same desire — to find their mothers and to go to school. After years of separation, tracing the families of these boys is extremely difficult; many of the mothers may be dead. In contrast, Justino Gomez de Costa, the CCF project director in the Negage quartering area, told the delegation that some child soldiers refuse to go home, and that in some cases, communities and families are reluctant or afraid to receive the young combatants because of the fear of "evil spirits" or because of repercussions if fighting breaks out again. Mr. de Costa has found efforts to demobilize child soldiers time-consuming, frustrating and unsuccessful. He told the delegation that many child soldiers never even arrive at their villages; they run away — they either go back to the army or to Luanda, or they have lied about their family home to the UN registrar.

According to Ms. Nordbakke, most of the child soldiers appeared to be in poor physical condition. She stated, "They are very skinny, many have blood in their urine due to *schistosomiasis*, have pains in their muscles and have scars from shrapnel or burns."

Nordbakke noted that most of the UN interviewers of child soldiers had neither human rights nor protection backgrounds, nor did they speak Portuguese. She said most of the interviews were conducted in the presence of UNITA soldiers, and thus accurate information about the true conditions under which these boys had lived was difficult to evaluate.

It is disturbing that untrained interviewers who do not speak Portuguese are interviewing these children. These sensitive interviews should be conducted in private, and not in the presence of UNITA soldiers.

The current demobilization efforts must be evaluated. As noted in the Graça Machel *Study on the Impact of Armed Conflict on Children*, they (organizers of the demobilization) "need to take account of the social, political and cultural context that resulted in [the children's] recruitment, the reality of their experiences in conflict, and their situation upon return." Given the skills to earn a living in a peacetime economy, both children and adult males will make less willing

soldiers.

Under the rules of war (Protocol II to the 1949 Geneva Conventions), recruitment of soldiers, voluntary or involuntary, under the age of 15 is illegal. Underage recruitment has continued in Angola even after the signing of the Lusaka Accords (Human Rights Watch Report of February 1996), and must be summarily halted.

Street Children in Luanda

UNICEF estimates that there are approximately 5,000 street children in Luanda. These children wash cars, shine shoes and carry water, but also beg, steal, pick through garbage and prostitute themselves in order to survive. While many of these children are orphaned or abandoned, some of them have left starving families or situations where they have been victims of family violence. Some of the street children return to their families weekly or monthly.

Ronan Scully of the Irish NGO, GOAL, told us that the children tend to organize themselves into small groups, with an older child protecting younger children. The children sleep together in these small groups, in abandoned crates, on rooftops or on highway embankments. As GOAL's Monthly Report of November 1996 states: "Looking at the numerous street children in Luanda, one sees children who live alone, who are denied affection, education and health, and who live without love and have been completely traumatized by the sights and atrocities of the Angolan Civil War. They seem to coalesce into gangs, which gives them a sense of security. They are used unscrupulously by others and in many cases mistreated."

In the past year, GOAL has initiated an innovative program that began as a feeding program. The program makes stops at seven strategically chosen areas of Luanda every evening and provides food to approximately 160 to 180 children, of which 10 percent are girls. From this beginning, GOAL then established a day care drop-in center which offers bathing and washing facilities and health care for the children. The center is open from 8 a.m. to 6 p.m. Recreational, educational and literacy activities are currently being initiated, including a soccer league. All of these initiatives developed from the successful initial link forged with the children themselves, and through discussion with the children and the adult community. GOAL is approaching the problems of street children with direct intervention and through advocacy on their behalf. In another effort, together with MINARS and Save the Children, GOAL is helping separated children to relocate their families.

The majority of the children in the GOAL program have never attended school. Nevertheless, almost all of them articulate a great desire for education. During the delegation's visit to the day care drop-in center, the delegation saw children washing their clothes, bathing at a water pump, receiving wound care from the center's nurse and playing games in the center's courtyard. The delegation examined student notebooks and spoke to the two center teachers, and observed a general feeling of hope and positive energy. Although small, the GOAL program is a model of what can be accomplished when needs are programmatically addressed in an age-appropriate manner.

Street children at the GOAL day care drop-in center. © Holly Myers

Another model program for street children in Luanda visited by the delegation is run by an Italian NGO, Center for Information and Education for Development (CIES). The program provides informal educational opportunities for young people, mostly boys. The coordinator of the program, Maria Joao, commented: "They all want to learn. They want an education. But they have been deprived of the opportunity for so long, it is hard for them to go to a traditional school or program." The coordinator of the CIES program noted that these children need to be supported in their efforts to be self-sufficient, including locating supplies for their income generating activities, literacy and skills training. CIES also works with girls on the street, many of whom resort to prostitution. Some families sell, barter or arrange for their daughters to be the "virgin mistresses" of wealthy men. This practice is known as *"catorzinha"* (little fourteen-year-olds). Other girls are subjected to sexual abuse on the streets (see page 11, Protection and Human Rights and box below). Scully of GOAL also mentioned that girls, in particular, are involved in prostitution. Men in cars bearing UNAVEM license plates have been observed near GOAL feeding stops picking up these girls.

The GOAL staff noted that drug use is another growing problem. Specifically, petrol, glue and other solvents are sniffed by some children, leading to feelings of heightened power, impaired judgement and aggressive behavior, as well as various neurological effects, including death when abused at high concentrations.

Given the dramatic needs of the Luandan street children, much more support needs to be directed toward meeting the needs of these neglected youngsters. Small programs, including recreation and sports programs, as well as academic and vocational training, must be made accessible.

Sexual Abuse and Exploitation of Children

The Christian Children's Fund has produced a study, *Sexual Abuse and Exploitation of Children in Time of War: The Case of Angola*, which was prepared for the UN Study on the Impact of Armed Conflict on Children and the 1996 World Congress Against the Commercial Sexual Exploitation of Children. The report differentiates between exploitation and violence. In this report, CCF notes that sexual exploitation (prostitution, bartering sex for food, supplies, etc.) grew during the course of the war, particularly from 1994-1996 when there was a dramatic increase in poverty and population displacement. Sexual violence against minors (not including domestic violence) also increased during the war in 1992-1994, mostly in circumstances of population or troop movements. CCF says sexual violence against minors has continued since the peace agreement, although reports tend to be of isolated cases. The report says that in both cases, sexual violence and exploitation, the abuse is principally against girls.

A local journalist told CCF researchers that there are approximately 500 to 1,000 prostitutes under the age of 18 in Luanda. CCF found that sexual exploitation involved young girls seeking clients from groups with more wealth, notably in the diamond mining zone in the north and in Luanda city center. Repeating a pattern seen in other parts of the world, United Nations forces were involved with young girls in Luanda and reports of the exploitation of minors in provincial capitals related almost exclusively to the United Nations.

The phenomenon of the sexual exploitation of young girls in Angola has become so commonly known that it has in recent months developed a name. The girls involved have become known as the *catorzinhas* and this term is used both in Luanda and the provinces. In literal terms it means the "little 14 year olds." This term is reputed to have originated from a local phone-in radio program, through which young girls would recount their sexual exploits. Many staff working in the field of assistance to children feel that this program has promoted the sexual exploitation of young girls.

Although the common name for this group is *catorzinhas* it does not accurately reflect the age groups of girls involved. There are several reports of girls much younger being involved in sexual exploitation.

One journalist suggested that, from the groups of minors she had seen, 11 years old and even younger was not uncommon.

Many of the girls involved are reported to have sex for the price of a meal in a restaurant or the entrance fee and drinks in a discotheque. It is likely that they do not consider themselves to be prostitutes. Other reports are that some young girls earn up to $100, with the more wealthy groups in society. In the poorer areas of the city, it is reported that some young girls will have sex for under $5.

CCF reports that sexual abuse and violence towards minors usually occurs when troops are moving in or out of areas where civilians are concentrated: when civilians are running from areas of conflict or in search of food and supplies; and in the claustrophobic and deregulated environment of displaced or refugee camps.

The authors of the report were told that girls who were victims of landmines or shrapnel wounds and have lost legs may be particularly vulnerable as they find it much more difficult to escape. In one case, in Bie province, within a group of 10 girl amputees (landmine victims) only one reported that she had not been raped.

Anther important finding of the study shows that separated girls, whose parents or relatives died or became separated from them, were particularly vulnerable because they had no one with them responsible for their protection. Also, the report states that Angolan uniformed police and armed forces personnel were often the perpetrators of sexual violence — usually rape — against minors.

Recommendations from the report include:

1) Raising awareness about the problem and how to respond amongst the general public.

2) Pressing for protective legislation.

3) Educating UNAVEM personnel.

4) Including minors in discussions about issues of sexual abuse and exploitation.

5) Improving measures for basic social security and eradication of poverty.

6) Protecting unaccompanied minors in camps and centers for displaced and refugees.

The Women's Commission urges the UN to not only educate UNAVEM III forces about the rights of children but to prosecute individuals who commit the offense of having sex with a child or young person below the age of consent.

Sexual Abuse and Exploitation of Children in Time of War: The Case of Angola. Written and researched by Adelia Cohen, Gabriela Cohen and Maggie Brown, Christian Children's Fund. Luanda, March, 1996.

VII. Women

As in other war-devastated countries, Angolan women face particularly difficult circumstances and programs that promote their self-sufficiency are scarce. The economic integration of Angolan women into their society must be made an urgent priority by donor nations and by both international and Angolan NGOs as they plan projects in Angola for the foreseeable future.

There is a small number of well-educated, professional Angolan women working to rebuild their country. In the countryside, most women are illiterate and have no access to education. Like women throughout rural Africa, they are stretched to the limit of their physical capacities, responsible for farming, cooking, cleaning and gathering firewood, as well as child care. If a water source is far from home or firewood is scarce, a woman can spend half the day completing basic household chores.

Food and Agriculture

Women are the farmers in Angola. A consultant from the World Food Program, Seynabou Gueye Tall, noted that women are not priority beneficiaries in food distribution and food for work programs, even though they are the principal growers and preparers of food and are responsible for feeding children and families. Two-thirds of humanitarian aid in Angola comes through the World Food Program; Ms. Tall has recommended that WFP aim to have women make up 60 percent of its food for work participants.

An example of an integrated community reintegration and development program is the World

Vision agricultural program underway in Malanje since 1994. The philosophical underpinning of the program is the establishment of food security and independence. The agricultural project is comprised of three components: research; seed and tool distribution; and the rehabilitation of the network extension agents. These agents work with field technicians, who in turn work with up to 700 farming families.

World Vision is working to fully integrate women into this program. Women comprise 30 percent of extension agents in the field. However, at the extension technician level, there are only two women out of a staff of 30. This low rate of participation at the technical level is attributed to the non-traditional role being assumed by women in this job. The job of technician is perceived to be powerful and traditionally, women can work effectively on a one-to-one level but not on the formal level of power. According to Phil Chester, country director of World Vision in Angola, while the formal decision-makers in the community are men, the men exercise their power in consultation with women, who in fact are the ones who will — or will not — implement decisions affecting the community.

World Vision has tied its agricultural program to its community health program, in order to teach women about nutrition and public health concepts. In Kwanza Norte, World Vision has established five health centers, with two outreach vehicles serving the local population. One vehicle provides clinical support; the second is devoted to EPI.

In Chester's opinion, this large scale development project is meeting with success because it adheres to a principle of long-term integration and consistency. The program has followed the population it serves, from the initial emergency situation which required a focus on feeding to, at present, a situation wherein the same population is returning to the land and beginning the work of farming and development. By consciously deciding to follow the community in its needs, the welfare of the community — including children and women — is placed first.

The Urban Informal Sector

In Luanda and other urban areas, women are the backbone of the informal economy; in the market place, they buy and sell to earn money to feed their families.

An example of a small program that is attempting to improve the earning capacity of Angolan women is the Urban Women's Enterprise Development Project, coordinated by Henda Pinto de Andrade of the NGO Development Workshop. This micro-enterprise pilot program targets women in the informal sector of the Luanda urban slum area.

The project addresses the many problems women face in the informal sector, including low income, few skills, lack of knowledge of their rights and lack of support from authorities. It focuses on improving the marketing skills and planning abilities of women who sell fish in the huge Roque Santeiro market in Luanda. Development Workshop supplies the women with small loans in a group credit program designed to foster cooperation and collaboration between program participants, as well as the sharing of profits.

The results of this program are encouraging. The women fish-mongers report that they are now able to buy a better selection of fish to sell. They have raised the profile of their selling operation by improving the presentation of their goods and are now able to afford an additional meal per day for their children and themselves. They are optimistic about their prospects and have plans to continue to improve both their business and their family lives. This program has developed in a deliberate, grassroots manner which ensures that the beneficiaries are meaningfully invested in the program.

Development Workshop plans to share the results of this effort with the Angolan Government. "This project will also develop a training program and study interventions to support women operating in the informal sector," Ms. Andrade told the delegation. "We will also try to set up a network of local organizations interested in development and gender in Angola. We are also working with government agencies so they will be able to develop policies to support women in the informal sector."

Raising the Profile of Women in Society

Angola has a strong tradition of women's organizations, such as the government affiliated Organization of Angolan Women (OMA) and LIMA, the women's organization affiliated with

UNITA. While OMA is weak at present, to the point where even its General Secretary appears ready to step down, it remains strong at the local level, in cities, villages and communes. Very few NGOs in Angola are not politically affiliated.

The Angolan Secretary of State for the Promotion and Development of Women is a new office (created in 1991) which has received little attention or support, with the exception of a few international donors, including the Swedish government. Dr. Joana Lina Cristiano is Minister of this office. Minister Cristiano and her staff described for the delegation their goals for 1997 and beyond, which include trying to increase the number of women elected to political offices and hired for decision-making positions in the public and private sectors.

A national strategy to promote Angola's women was presented by this office at the UN Fourth World Conference on Women in Beijing, but has yet to be approved by the Angolan Council of Ministers. At the time of the delegation visit, the 1997 budget for the office was not yet approved. The office also produces a women's magazine, *Estamos Juntos* (We Are Together). While this publication is sent abroad, it does not address the needs of the majority of Angolan women, who neither read nor write.

Violence against women is said to be worsening dramatically, but there has been no study or data to support this observation. Dr. Belbina Ventura Felix considers sexual violence to be a significant problem in Luanda.

It is said that 51 percent of Angola's population is female, but this is impossible to verify, as no reliable census has been conducted since 1970. Efforts critical to the advancement of women in Angola include development of gender-based population statistics and a study of violence against women. The statistics project, to be carried out by the Ministry for the Promotion and Development of Women in conjunction with the National Institute for Statistics (within the Ministry of Planning), will involve collection of gender-based demographic statistics, including numbers of females and female heads of household. The gathering of these statistics is critical in deciding how to disburse funds for education, health care and other services.

Other work by the Ministry for the Promotion and Development of Women includes gender seminars designed to promote the full participation of women in Angolan society. To date, 12 seminars have been conducted at the government level in 12 provinces. Additional seminars are planned for 1997, so that all 18 provinces will have been included. These seminars, for government officials, governors and vice-governors, the mass media and Angolan NGOs, have been well received. In Bie province, the local government has requested additional training for staff. The national Ministries are also included in the seminars; the Fisheries Ministry, which serves an economic sector that includes many women workers, was one of the first to participate.

The most serious commitment promoting women in civil society has come from the Swedish Government, which has devoted resources and technical support to the Ministry for the Promotion and Development of Women and the projects mentioned above.

[NOTE: Subsequent to the delegation's visit, United States Ambassador to Angola Donald Steinberg has taken steps to ensure that the needs of women and children be taken into account in program planning and implementation. He has raised concerns brought to his attention by the delegation with representatives of the UN Department of Humanitarian Affairs, UNICEF and NGOs that receive USAID support.]

The War-Injured

An example of a carefully planned community-based economic development project is the CONCERN-sponsored Kuito Training Center, projected to open in 1997 following rehabilitation of a facility for the program. The training center is the outgrowth of a small pilot project that was designed to benefit a few of the 1,000 mine victims that populate the town of Kuito. Mine victims, known as "*mutilados*," suffer social stigmatization and find little sympathy in a community already stressed to its limit. Observing this need, Rona Blackwood of CONCERN began a tailoring project in 1995 involving 10 mine-disabled people, including six men and four women, with ages ranging from 23 to 37. For six months, the 10 participants were trained by a sewing teacher and also a basic education teacher. Clients of the tailoring project include the NGO, HALO Trust, which needs uniforms for the deminers it employs in the region. As of the end of 1996, the

project workers will be "on their own."

Because women were asked to breach the perimeter of mines surrounding Kuito in order to collect firewood, many lost their limbs during the "third war" (1992-94). Since the cessation of warfare, it is estimated that 60 percent of landmine victims in the Kuito area are women and 20 percent are children. Again, this is due to their primary role in farming and firewood collection. One of the issues faced by women amputees in Angola is their need to provide a livelihood for their families; a physical disability is a huge impediment to survival for these women. Thus, the women participating in this project are hopeful that they will be able to support their families and thus feel themselves to be good mothers and partners again.

The new Kuito Training Center is a product of the collaboration between six government agencies (including the Ministry of Social Welfare, the Ministry of War Veterans and the Ministry for the Promotion and Development of Women) and CONCERN. The Training Center will serve 200 participants simultaneously in carpentry, electrical work, tailoring, metalwork, car mechanics and business administration programs. Of those participants, 75 percent are mandated to be the disabled and 30 percent to be women. Demobilized soldiers will also find opportunity for retraining at the Center. Ultimately, the Kuito Training Center will be completely government run, with government responsibility and participation increasing over time.

VIII. Landmines

The number of landmines estimated to lie in Angolan soil ranges from five to 20 million. Whatever the exact figure, the dimension of the landmine crisis is immense and landmines exact a huge toll upon the civilian population. There are an estimated 70,000 amputees in Angola. Since the war ended, women and children have been the major victims of landmine accidents. During the 1992-94 "third war" in particular, landmines were laid with abandon, encircling besieged cities and placed near strategic locations such as roads, bridges and airports. Furthermore, thousands of landmines and other ordnance were littered throughout these cities as fighting raged on. Mines continue to claim lives as rains wash away soil and expose deeply planted mines.

Paul Heslop, Country Director of the British demining organization, HALO Trust, described a typical landmine incident. In April 1995, a Landrover carrying 22 people on a well-used and previously demined road, set off an anti-tank mine that was stacked upon a second anti-tank mine. Rains had eroded the road, and the weight of the Landrover detonated the exposed mines. Nine people were killed instantly. Of 13 people injured, six died and seven survived. Over the past several months, two Angolans working with CONCERN and one working with Africare were injured and lost limbs and eyes when cars in which they were traveling over roads considered "safe" detonated mines.

Since women do most of the agricultural work in Angola and also gather firewood, they are particularly susceptible to incurring landmine injury (see page 21: The War-Injured). Heavily mined land directly adjoins farmland and mine fields exist only yards away from dwellings. In the month prior to the delegation visit, two women, one child and two men (one deminer) were blown up by mines.

Children are particularly vulnerable because of their play activities and their work helping with farming and the gathering of water and firewood. Heslop recounted the story of a six-year-old girl killed by a landmine. As she was playing near her home, the girl fell over and her hand detonated an MAI-75 Romanian landmine. The mine blew off her hand, face and the left side of her body. Heslop went in to retrieve the girl, thinking that she might still be alive and found another mine close to where the accident occurred. Returning to the area the next day, deminers discovered another 15 mines, all of which were located within a 100 meter radius of a spring water supply routinely used by villagers.

While HALO Trust is the leading demining agency in Bie province, it has had access to only 15 percent of the province to conduct mine surveys due to political impediments. Therefore, it has not been able to complete accurate surveys to determine the extent of mined land. The organization estimates that there are at least 200,000 mines in Bie Province. To date, the HALO Trust has identified 350 mine fields in Bie, Huambo and Benguela provinces and has prioritized them in terms of humanitarian demining needs.

The HALO Trust program is particularly effective from the standpoint both of demining and the training of Angolan counterparts. The operation clears approximately 1,000 mines and 2,000 UXO (unexploded ordnance) per month. With an annual budget of $2.7 million, HALO employs only five expatriates in its demining program and maintains a strong emphasis on building Angolan capacity to carry forward in this task. HALO is short of mine detectors and currently needs 80 new detectors at $4,000 a piece, so that every deminer will have one.

Orthopedic and Prosthetic Programs for Amputees

The delegation also visited a MINARS-run settlement outside of Kuito, where it met several female amputees without access to prosthetics. In the MSF Hospital in Kuito, the delegation met Eugenia, a 35-year-old landmine victim with a high above-the-knee amputation. Her accident occurred on June 9, 1985 as she worked tilling fields. She was in the hospital accompanied by her baby, who was ill with diarrhea and fever. Eugenia and her husband have seven children, whom they support through subsistence farming; she has never had access to a prosthesis.

The International Committee of the Red Cross (ICRC) has run orthopedic/prosthetic programs in Angola since 1979. ICRC projects are centered in Kuito, Huambo and Luanda. They treat 180 patients a month in two centers and provide 300 to 400 prostheses per month. ICRC runs an operating theater in Huambo, where amputations due to landmine and other accidents are performed.

The delegation visited the ICRC centers in Luanda and in Kuito. The Kuito center was constructed in mid-1995. Initial work on the center involved demining the land on which it was to be built. (Despite clearing the area with the aid of a bulldozer, two days prior to our visit a worker planting maize outside the center encountered a live mortar.) The center is now completing inpatient facilities so that amputees will be able to live at the center while they are being fitted for and learning to use their prostheses. The center exudes an atmosphere of hope and healing.

While the Kuito center's capacity is 50 prosthetics a month, at the time of the delegation's visit 136 people were on a waiting list for the center's services. In order to qualify for services, individuals must own a pair of shoes. (Shoes are necessary in order for a prosthetic to be fitted properly.) In addition, the center lacks knee-joints for high amputations. And because the demand for legs and feet is so great, the center fabricates neither arms nor hands.

Records supplied by the ICRC Kuito facility show that of 281 patients fitted with new prosthetics since the center opened in May 1996, only 53 are women (19 percent). Eight out of 281 (three percent) are under the age of 20. While these figures may reflect the fact that to date the majority of landmine victims treated have been men involved in combat, the issue of access for women and children will need to be monitored carefully.

A factor that could prevent the poorest Angolans from benefitting from the ICRC center is the prerequisite to own a pair of shoes. Despite the center's proximity, it is difficult to

Amputee woman at Handicap International Facility in Negage

© Anne Goldfeld

imagine how the women the delegation met with at the MINARS-run settlement outside Kuito will be able to access the services of the ICRC center. The fact that these women have no shoes is, for them, a huge obstacle to significantly improving the quality of their lives. The issue of resources — in this case, shoes — is critical, and may reflect the fact that in general men have greater resources in Angolan society.

In Negage, in Uige province, members of the delegation visited the Handicap International (HI) prosthetics center located adjacent to the town hospital. Working in a modest but efficiently planned facility, HI fits up to 40 patients per month with polypropylene prostheses. There the delegation met a 72-year-old Kincongo mother of eight (four living and four dead), who was at the facility to be fitted for her first prosthesis. This woman sustained a machete injury forty years ago that resulted in the amputation of her leg, and had been legless ever since. When she began seeing people appear in her village with new legs from the recently opened HI center, she decided that she, too, wanted this new chance at life. Due to the lack of medical knowledge and the shortage of supplies and drugs, amputations are performed commonly for infected fractures and wounds that could be treated easily with proper care. Lack of medical care thus further raises the number of amputees in Angola.

Reportedly, 80 percent of the refugees in Zambia and Zaire report fear of mines as a factor in their return to Angola. Delegation members were told that the Kavungo road from Zaire is heavily mined, but that no demining of the road has begun. A coordinated response to demining in this area, which takes into account all routes of refugee return from Zambia and Zaire, must be mounted. This situation points to the problem of coordination and expertise emphasized by MINARS Minister Malungo. He has emphasized the need for much stronger coordination in the demining sector, and advocates that resources be concentrated with a few very experienced NGOs, rather than being dissipated among NGOs with less mine clearance experience. Minister Malungo also stressed the need for new and creative mine clearance methods.

Maria, 12, lost her mother in a landmine accident during the war. She drew this picture during a delegation member's visit to the orphanage in Kuito, where she now lives.

Landmine Awareness Education

The scale of the landmine crisis in Angola makes it imperative that both the Angolan Government and NGOs working in Angola focus strongly on landmine accident prevention. UNICEF/Angola is in the process of developing a landmine prevention effort using various communication approaches targeted at different age groups. This effort includes dramatic enactments, dance, music and puppetry all under the aegis "Art Against Mines." Thousands of signs, multiple written and drawn materials in the form of games, flyers, inserts in school notebooks and materials at refugee reception centers, have also been prepared. UNICEF has conducted a survey to determine people's perception of signs used to mark mined areas and is working to establish a standardization of "mine awareness" signs.

Landmine accident prevention programs have also been developed by Catholic Relief Services (CRS) in Benguela/Lobito. The CRS Landmine Awareness Project began with the intention of

also been developed by Catholic Relief Services (CRS) in Benguela/Lobito. The CRS Landmine Awareness Project began with the intention of hiring 50 percent women, some of them mine accident survivors. The project uses a puppet show as well as a curriculum printed on posters. The project coordinator noted that the participation of women in the project — including their acquisition of bikes for work — raised their social status in the community and garnered respect from the men they supervise.

Training for Landmine Victims

Given the 70,000 amputees in the country, another vast area for investment is in vocational training for amputees so they can lead productive lives. This is a particularly important issue for women amputees, since women do most of the agricultural labor in addition to household chores. Also, women amputees fear rejection by their husbands or that they will be considered undesirable mates because of their inability to support a man.

Demining is a slow and painstakingly dangerous process. Mine clearance and landmine prevention programs need major investment and commitment from the international community. Similarly, both the Angolan Government, which has called for a ban on the use, trade and stockpiling of landmines, and UNITA must totally desist from laying new landmines.

Furthermore, Angolan Government and UNITA officials must make good on the public promise made following Secretary of State Warren Christopher's visit to Angola in October 1996. Although both groups pledged to destroy 15 tons of mines in a symbolic gesture the following week, this has yet to occur. Moreover, the Angolan Government and UNITA must make a credible accounting of the number of landmines and other ordnance stockpiled in Angola and present a timetable for their destruction.

Neither UNITA nor the Government should hinder the mapping of mine fields by humanitarian agencies. Access to and the mapping of mine fields by humanitarian agencies and the United Nations must be a priority in order to focus limited resources on cordoning off mined areas, prioritizing zones for mine clearance and developing a concerted program of mine prevention/awareness education.

IX. Conclusion

For the last thirty years, Angolan women have lost husbands in the fighting, seen the transformation of their boys into soldiers, and lost parents, brothers, sisters and children in the vicious bombing of civilian centers. Denied basic health care, Angolan women have buried children and have themselves been condemned to death during childbirth. The total collapse of the Angolan infrastructure has brought families to a level of total destitution, lacking food and shelter. Education, for child and adult alike, remains a dream.

Through the long years of conflict and displacement, women have carried the burden of feeding, clothing and supporting their children, parents and extended families, often by scavenging or farming land laced with landmines. They now need the chance to participate in the Angolan struggle for peace. Women must be brought into all aspects of the reintegration and rehabilitation of Angola. Training and education directed towards women will benefit Angolan society as a whole.

More than half of Angola's population is under the age of 15. They need trained teachers and schools immediately. Education, vocational training and skills development are essential to rebuild communities and to sustain a productive civil society.

While efforts to assist and train demobilized soldiers are essential, resources must also be devoted specifically to programs to benefit noncombatants, who make up the greater part of Angola's war-affected population.

The Angolan people are tired of war. The international community and the American government have a humanitarian and moral responsibility to support an Angolan future of peace and reconciliation. The delegation was privileged to witness extraordinary programs that are responding to Angolan needs in partnership with the Angolan people. These programs were not designed in offices or in meetings in Geneva or Washington, but in response to the needs of Angola. In this report, the delegation has sought to highlight a few of these programs which are making a significant impact upon people's lives.

Cognizant that the following observations cannot do justice to the enormity of the problems

faced by Angola or to the needs of the Angolan people, the delegation offers the following recommendations.

X. Recommendations

To the Government of Angola and to UNITA:

1) The Government of Angola earns approximately US$2 billion in oil and diamond revenues annually. At the same time, the government spends an estimated US$1.5 billion on arms and military equipment. The Government must devote its resources to health, education and the rehabilitation of the country. UNITA also earns millions of dollars in the diamond trade and spends most of it on military expenses. It, too, must dedicate resources to health, education and training.

2) The Government of Angola must abide by the Convention on the Rights of the Child (CRC), which it has signed, and halt conscription of children. It should also implement the recommendations of the Graça Machel *Study on the Impact of Armed Conflict on Children*, which has as its foundation the CRC. UNITA must do the same.

3) There is no overstating the need for education and training in Angolan society. Highest priority needs to be placed on the delivery of education and vocational and literacy training. Supplementation of teachers' salaries needs to be undertaken to assure them a livable wage.

4) The medical system at all levels needs to be supported. Supplementation of medical workers' needs to be undertaken to assure them a livable wage.

5) Human rights education and monitoring need to be established as a high priority of the new Government of Reconciliation. This should include promoting the full participation and protection of women, children and adolescents.

6) The Angolan Government and UNITA must make a credible accounting of the number of landmines and other ordnance stockpiled, and present a timetable for their destruction. Although both the Government and UNITA pledged to destroy 15 tons of mines in a symbolic gesture following US Secretary of State Christopher's visit in October 1996, this has yet to occur. A date for the destruction of these weapons must be set. The Angolan Government and UNITA must desist in the laying of new landmines and provide access to humanitarian agencies to territory for the purpose of mapping and demarcating mine fields.

7) There is no accurate census of Angola's population of some 10 to 13 million. The breakdown of men to women is unknown, as is the number of female heads of households. The Ministry of Planning should place priority on the collection of statistics based on gender, age and special needs, so that policy makers can plan appropriate programs for widows, women heads of households, child heads of household, orphans, disabled and others at risk.

8) Women were not included in the Joint Commission, which exercises oversight of the UNAVEM III mission. This omission has diminished the voice of women during the two critical years now ending. The Government of Angola must foster the development of the Ministry for the Promotion and Development of Women as a means of ensuring maximum participation of Angolan women in society. Participation of women in the policy arena in Angola is critically needed.

To UNHCR:

9) The *Guidelines on the Protection of Refugee Women* must be implemented and protection officers should be assigned to border areas where refugees are returning. Programs to ensure the successful reintegration of particular target groups into Angolan society, e.g., women heads of household, adolescents, the disabled, separated children and orphans, need to be instituted.

10) The budget for repatriation/reintegration includes US$5.4 million for transport and logistics. Less than one fifth of that amount is budgeted for education and community services. Wherever possible, funds should be directed to education, income generation and other projects that will help rebuild communities to which refugees are returning. UNHCR should use this opportunity to rethink its role in post-conflict sit-

uations, recognizing the importance of developing human resources. There is a unique opportunity for UNHCR to collaborate with UNICEF and NGOs on an education effort in Maquela do Zombo and Cazombo. Both agencies should seize this opportunity and devote adequate resources to it.

11) Of the 311,000 refugees to be repatriated, approximately 20,000 have returned and continue to return spontaneously to villages in Angola. UNHCR should begin now to implement QIPs (Quick Impact Projects) designed to help returnees become self-sufficient and to promote future development-oriented initiatives in areas of return. Women and young people should be targeted for involvement in these projects.

To Other UN Agencies (UNDP, WFP, UNICEF and WHO):

12) Training of staff to involve women, youth and all members of the community in UNDP projects should be instituted. UNDP should be able to incorporate gender-sensitive practices into their programs from the start. Training of staff to involve women in all aspects of food distribution should be undertaken by the World Food Program, and WFP should insist that its implementing partners do the same. This gives women, as the primary producers of food for their families, some control over relief allocations of food. WFP should review and implement the goals set out by WFP at the Beijing Conference, and consult with women about what will appropriately and efficiently meet their needs in feeding their families.

13) Vocational programs to retrain and provide skills to demobilized soldiers are critical to the long term success of the peace process. It is also essential that non-combatants receive vocational and educational opportunities, especially adolescents.

14) UNICEF should fully support teacher training efforts and should work in collaboration with UNHCR to expand programs such as the one in Maquela do Zombo. UNICEF should advocate more strongly for and devote increased resources to education in emergencies and post-conflict situations.

15) UNICEF's work on mine accident prevention is tremendously important in a country that harbors millions of landmines; this critical effort should receive strong financial backing.

16) The public health crisis in Angola merits massive intervention and interagency coordination on the part of WHO, UNICEF, WFP and the government. Areas of particular concern are:

- Clean water and basic sanitation: overhaul of urban water and sanitation systems and the establishment of village well systems are imperative;
- Vector control, coordinated tuberculosis treatment and sleeping sickness programs are needed: adequate supplies and distribution of tuberculosis drugs and the drug eflornithine (DFMO) for sleeping sickness should be ensured;
- HIV/AIDS: testing to determine the level of infection in different target groups and educational campaigns about HIV/AIDS should be initiated immediately.

To the United States Government:

17) The US Agency for International Development (USAID) should support efforts to enhance the status of women in Angola. USAID should require its implementing partners to incorporate women into all programming: resettlement, rehabilitation and food assistance; democracy and governance projects; and economic restructuring efforts. Because of the urgent need for training and education at all levels of Angolan society, USAID should consider investment in educational and vocational training programs as well as credit initiatives that target women, adolescents and the disabled.

18) The United States has strongly supported the peace process and UNAVEM III. The US must ensure that demobilization of soldiers and the surrendering of heavy armaments occur as promised. President Clinton should fulfill his promise made before the UN in 1994 to promote a ban on the use, manufacture and trade of landmines and join the process begun in Ottawa in

October 1996 to fashion an international treaty calling for a ban to be signed in December 1997. The US should devote significant resources to mine accident prevention/awareness, mapping of mine fields and demining. The US should ensure a strong human rights monitoring arm in Angola.

19) As a member of the Joint Commission and one of the leading aid donors to Angola, the US should insist that the United Nations, in all its programs, promote and protect the human rights of women and children. Sexual exploitation and sexual violence against girls and women is prevalent in Angola; kidnapping and recruitment of boys for armed forces is also a common practice. These and other abuses need to be addressed immediately. The US should insist on the development of a skilled and well-trained UN human rights team, which can document, report and make recommendations on gender based persecution and violations of children's human rights.

To All Governments, Donors and the International Community:

20) Donor countries should coordinate their activities with the Angolan Government. Although the capacity of the Angolan Government to provide health, education and social services is critically impaired, it is imperative that donor nations work in partnership with Angolans as they take responsibility for the rehabilitation and development of their country.

21) The human rights mandate of the United Nations must be strengthened in Angola. The international community should insist on the appointment of a special rapporteur on human rights. With the departure of UNAVEM, a new human rights monitoring structure must be established that will also ensure Angolan accountability in the area of human rights. A team of experienced child protection officers should be incorporated into the effort.

22) Governments must continue to insist that the Angolan Government and UNITA work towards stability and peace by investing in the Angolan people. Community development efforts need to be established and supported in the long term. Demobilization and disarmament must occur on schedule.

23) The international community must adopt a ban on the sale, distribution, stockpiling and use of landmines. In addition, a ban on arms sales to Angola for the rest of the decade, with sanctions applied to individuals and countries that violate this injunction should be instituted. Significant funds should be devoted to mine prevention/awareness, the marking of mine fields and demining.

To NGOs:

24) Relief and development activities should empower women. NGOs must be proactive in this regard, insisting on equal participation of women. Project requirements such as literacy and numeracy that tend to exclude women should wherever possible be adjusted so that women can participate. NGOs should also insist that women be involved in all food distribution activities — from planning, to scooping, to monitoring — so that women have a voice in allocation of food and also to avoid diversion of food to the military.

25) The need for the establishment of a functional educational system for Angola's children cannot be overstated. Any further delay in the investment in education, literacy and vocational training will severely diminish the ability of Angola to recover from decades of war. Programs that focus on education and vocational training should be strongly supported, and separate programs for adolescents must be instituted. Adolescents must, for example, be incorporated as apprentices and mentors in their programs.

26) Other work priorities should include: AIDS prevention; programs that target reproductive health, especially family planning counseling; programs that work to rehabilitate children in particularly difficult circumstances, such as street children and child soldiers; and the rehabilitation of health and sanitation infrastructure and training of health workers; and the educational infrastructure in general.

Glossary of Terms and Acronyms

AHA	African Humanitarian Aid
CCF	Christian Children's Fund
CIES	Center for Information and Education for Development (Italian NGO)
CRS	Catholic Relief Services
EPI	Expanded Program on Immunization
FNLA	National Front for the Liberation of Angola
ILO	International Labor Organization
IMC	International Medical Corps
LWF	Lutheran World Federation
MCH	Maternal and Child Health
MINARS	Angolan Ministry of Social Assistance and Rehabilitation
MSF	Médecins sans Frontières
MPLA	Popular Movement for the Liberation of Angola
NGO	Nongovernmental Organization
NRC	Norwegian Refugee Council
SECOR	National Institute for Reintegration
TBA	Traditional Birth Attendant
UCAH	UN Department of Humanitarian Affairs/Humanitarian Assistance Coordination Unit
USAID	US Agency for International Development
UNAVEM	UN Angola Verification Mission
UNDP	United Nations Development Programme
UNHCR	UN High Commissioner for Refugees
UNICEF	UN Children's Fund
UNITA	National Union for the Total Independence of Angola
WFP	World Food Program
WHO	World Health Organization

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